

INTRODUCTION

MAUGET micro-injection products are the choice of more green industry professionals than any other method of tree injection. For more than 30 years, MAUGET products have been professionally used to assist with improving tree health while protecting the environment.

MAUGET micro-injection technology has proven to be the most efficient and effective utilization of a trees transpiration system for transporting nutrients and pesticides. MAUGET products are easy to apply and "SIMPLY EFFECTIVE".

MAUGET offers the broadest line of micro-injection products available in one system and has been referred to as "A DRUG STORE FOR TREES". MAUGET brings the most versatile of the micro-injection systems available to the Green Industry Professional. The MAUGET product line includes: fertilizers, micro-nutrients, insecticides, fungicides, antibiotics, combination products and training/support materials. MAUGET offers a comprehensive support system through its toll free technical support line (877-TREE HLP 877-873-3457), international network of distributors and research associates.

FERTILIZERS

MAUGET has the greatest assortment of agricultural minerals developed specifically for micro-injection treatments. Some of the unique advantages would include; root system damage, feeder roots not accessible, ground water concerns, leaching/drainage concerns, rapid availability of elements, frost damage protection and recovery, insect damage recovery. 100% of the elements are utilized by the plant resulting in a cost effective fertilization program.

The STEMIX family of fertilizers are based on chelated elements. Depending on soil conditions, the benefits of these micro-injection treatments can be evident over one to five years when compared to adjacent untreated trees.

STEMIX: 0.7-1-0.9 is an all purpose balanced fertilizer that contains a formula of agricultural minerals designed to stimulate foliar and root growth without extended damage to trees. It is particularly effective in promoting new foliar, cambial and root growth where conventional applications of fertilizers alone may not produce this effect. Stemix treatments will provide the stimulation necessary for the proper acceptance of soil applied fertilization materials.

STEMIX HI VOLUME: 0.47-0.68-0.61 is basically the same formulation as stemix only diluted from 4 ml. to 6 ml. with 2 additional mls. of water. This formulation provides improved distribution throughout the tree.

STEMIX ZINC: is based on the stemix hi vol formulation with enhanced levels of zinc, for the treatment of zinc deficiencies in many species of trees. Zinc deficiencies associated with calcareous soils are fairly common in numerous fruit, nut and ornamental trees; particularly conifers, pecan, walnut and oaks. Symptoms are usually displayed by a "little leaf" condition, loss of deep green color and in severe situations by a rosetting of the terminal leaves.

STEMIX IRON/ZINC: 0.5-0.9-0.6 is based on the stemix hi vol formulation with enhanced levels of iron and zinc. Iron deficiencies associated with high acid/calcareous soils are fairly common in citrus, walnut, avocado, peach, nectarine, conifers and certain shade trees. Symptoms are usually displayed by leaves having darker green veins with a yellowing or loss of color between veins (generally, young leaves are primarily affected).

MICRO-NUTRIENTS

The INJECT-A-MIN family of micro-nutrients are based on sulfated elements. These products are beneficial in areas where soil conditions are more alkaline. Depending on soil conditions, the affects of these treatments are usually evident over one to five years when compared to adjacent untreated trees.

INJECT-A-MIN IRON/ZINC: 0.6-0.0-0.8 agricultural mineral injectors contain iron and zinc sulfates which are quite effective in rapidly overcoming iron and zinc deficiencies in pin oaks and many other species of trees growing in non-native alkaline soils. Symptoms are usually displayed by leaves having darker green veins with a yellowing or loss of color between veins (young leaves are generally affected).

INJECT-A-MIN MANGANESE: 0.7-0.0-0.85 agricultural mineral injectors contain manganese sulfate which is quite effective in rapidly overcoming manganese deficiencies in palms, maples, citrus and many other species of trees. Symptoms are usually displayed by leaves having darker green veins with a yellowing or loss of color between veins (generally, young leaves are affected).

INSECTICIDES

MAUGET has developed the broadest line of insecticides for micro-injection treatments. The most efficient and environmentally responsible way to apply pesticides. No need to worry about drift, because of "MAUGET'S closed system" this means the chemical is contained entirely within the tree. Only pests feeding on the plants living tissue are directly affected by the chemicals. Beneficial and non target insects and other life forms sharing the environment are not impacted. This provides the applicator with opportunities to treat trees in adverse weather conditions (wind, and rain) or at locations such as; near swimming pools, water ways, in school yards, along busy streets, in interior plantscapes etc.

From the fast acting, to the long lasting, MAUGET has the solution for your clients trees insect problems.

ABACIDE (contains Abamectin 1%): replaces Inject-a-cide av and has an improved formulation improving uptake in Confers. It is for use by commercial arborists (applicators) on ornamental trees for control of spider mites, leaf miners, elm leaf beetle, sycamore lace bug and fall webworm. It can be applied in commercial or residential landscapes, interior plantscapes and other areas where ornamental trees and woody shrubs are grown. ABACIDE contains a warning label and provides long residual with very fast uptake.

IMICIDE (contains Imidacloprid 10%, the active in MERIT®): is available in 3 dosages, 2ml., 3ml., & 4ml. It is for use on plants grown in interior plantscapes, ornamental gardens, parks, golf courses, residential lawns or grounds. Recommended target insects on ornamental trees include; Adelgids, Aphids, Elm leaf beetle, Bronze birch borer, Japanese beetle, Lacebugs, Leafhoppers, Leafminers, Mealybugs, Pine tip moth larvae, Scale insects, Thrips and Whiteflies. IMICIDE carries a caution label and provides very long residual (full season plus), preventive applications and broad spectrum control. IMICIDE will start controlling infestations within 1-7 days following application.

INJECT-A-CIDE B (contains Bidrin 82%): is for use by certified commercial arborists and pesticide applicators with restricted materials licensing on ornamental trees. Available in 1ml., 2ml. and 3ml. dosages. INJECT-A-CIDE B is effective against such insect pests as; Aphids, Leafhopper, Bronze birch borer, Gypsy moth, Birch leafminer, Eastern tent caterpillar, Dogwood twig borer, Scale, Elm leaf beetle, Psyllid, Sycamore borer, European pine sawfly, Pine spittlebug, Spider mites, etc. Broad spectrum, restricted use, extremely fast action and uptake. INJECT-A-CIDE B carries a class B poison label.

INJECT-A-CIDE (contains Metasystox-R 50%): is for use by certified commercial arborists and pesticide applicators on ornamental trees. Is effective in controlling a large variety of Bark beetles and Engraver beetles in conifers when in active larval stage. INJECT-A-CIDE provides a broad spectrum of applications, is restricted use and carries a danger label.

FUNGICIDES

FUNGISOL (contains Debacarb 2.0%): is specifically for micro-injection treatment of over 30 common pathogenic diseases including; Oak wilt, dutch elm disease, Fusarium wilt, Anthracnose, Nectria canker, Verticillium wilt, Coryneum blight, Diplodia tip blight, Phomopis canker, Eim wilt, Cytospora canker, Pink bud rot in palms, Melanconium, etc.. A unique feature of FUNGISOL is its ability to translocate to the root zone (phloem mobile), to fight persistent soil born pathogens. This product carries a caution label.

CARBOJECT (contains Oxycarboxin 2.0%): is for the systemic aid in the suppression of certain fungal diseases of ornamental and crop trees (ash and oak Anthrachose, sycamore Anthrachose, Verticillium wilt and V. albo-atrum in camphor, catalpa and maple, Pine pitch girdle, etc.). This product carries a caution label.

TEBUJECT (contains Tebuconazole 4%): a phloem mobile Triazole fungicide developed to control Crabapple scab, Oak wilt, Dutch elm disease and Hawthorn leaf spot. This product carries a caution label.

ANTIBIOTICS

MYCOJECT (contains Oxytetracycline 4.22%): is a systemic aid in the suppression of certain bacterial diseases of crnamental trees. It's uses include Ash yellows, Bacterial leaf scorch in elm and red oak, Phioem necrosis in elm, Palm lethal yellows, Peach x disease, Fire blight in pear, Bunch disease in pecan (non bearing) and Leaf scald in plum (non bearing). This product carries a caution label.

COMBINATIONS

ABASOL (contains Debacarb 2.0% plus Abamectin 0.48%): is one of several new products where MAUGET has combined multiple pesticides to provide disease suppression along with insect control. This product provides both fungicide & insecticide and is very cost effective. With a broad label of 30 pathogens and a wide variety of insects this combination is in a class by itself. This product carries a warning label.

IMISOL (contains Debacarb 2.0% plus Imidacloprid 5%): The second product combining insecticide and a fungicide, similar in use to Abasol except where the insecticide of choice would be IMICIDE. This product carries a caution label and is available in 3 dosages (4, 6 & 8ml).

OTHER PRODUCTS

FEEDER TUBES:

Four different size feeder tubes are available to accommodate the variety of bark thicknesses. The 7/64" (2.8mm) minimizer feeder tube provides the smallest wound in the industry and is recommended for use in trees with bark thickness less than 1/2" (12.70mm). Three lengths of standard 11/64" (4.4mm) feeder tubes; 1 3/4" (4.5cm) for trees with bark thickness under 3/4" (9.5mm), 2 3/4" (7cm) standard feeder tube packed with product, 4 1/2" (11cm) feeder tubes for trees with bark thickness in excess of 2" (5.1cm).

INSERTION DEVICE:

Used with the mini-micro feeder tube 7/64" (2.8mm), enables the tube to be set in the very small drill hole without tissue plugging and interfering with uptake.

MAUGET DIAGNOSTIC FIELD MANUAL:

A must have resource tool for the professional. Provides information on over 60 diseases and insects with color illustrations of life cycle and timing information charts. An excellent tool to explain specific situations to your clients.

APPLICATOR MANUAL:

This resource provides technology background, product information, marketing support and application variables to support the applicator during his developmental period with micro-injection technology.

HOME STUDY COURSE:

This training program includes 4 video tapes and the applicators manual with certification test. It is designed to bring the applicator to a level of knowledge whereby he may confidently start to apply this technology in the field. Required state certification along with MAUGET certification allow him to purchase MAUGET products.

DIRECTIONS

SIX EASY STEPS to apply the MAUGET MICRO-INJECTION PRODUCTS

STEP ONE. To determine the number of capsules to be used, measure the trees diameter in inches at breast height and divide by two (If in centimeters, divide by 5.1) or the circumference in inches and divide by six (If in centimeters divide by 15.).

STEP TWO. Drill an 11/64" (4.4mm) diameter hole at the base of the tree, through the bark 1/4-3/8-inch (6.4-9.5mm) into the trees xylem or sapwood.

STEP THREE. Place feeder tube into the opening of the pressurized capsule then promptly place the unit into the predrilled hole.

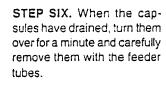


T. Alexander

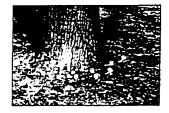


STEP FOUR. Tap the base of the capsule opposite the feeder tube with a small mallet to rupture the inner seal of the capsule. This allows the chemical to enter the tree.

STEP FIVE. The predetermined number of capsules from step one, are placed on the root collar, (usually about 4 inches (10.4cm) above ground level.











Specimen Label

Merit® 75 WP

Insecticide

For foliar and systemic insect control in turfgrass, landscape ornamentals and interior plantscapes.

ACTIVE INGREDIENT:

 Imidacloprid, 1-[(6-Chloro-3-pyridinyl)methyl]- Mnitro-2-imidazolidinimine
 75.0%

 INERT INGREDIENTS
 25.0%

 100.0%
 100.0%

EPA Reg. No. 3125-421

Eight 2-oz Bottles Per Case

STOP - Read The Label Before Use KEEP OUT OF REACH OF CHILDREN

CAUTION

PRECAUCION AL USUARIO: Si usted no puede leer o entender inglés, no use este producto hasta que la etiqueta le haya sido explicada ampliamente.

(TO THE USER: If you cannot read or understand English, do not use this product until the label has been fully explained to you.)

PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS AND DOMESTIC ANIMALS

CAUTION: Harmful if swallowed, inhaled, or absorbed through skin. Causes eye irritation. Avoid contact with skin, eyes, or clothing. Avoid breathing dust or vapor. Wash thoroughly with

soap and water after handling. Remove contaminated clothing and wash before reuse. Keep children or pets off treated area until spray is dry.

STATEMENTS OF PRACTICAL TREATMENT

If swallowed: Call a physician or Poison Control Center. Drink one or two glasses of water and induce vomiting by touching back of throat with finger, or, if available, by administering syrup of ipecac. If syrup of ipecac is available, administer 1 tablespoonful (15 mL) of syrup of ipecac followed by 1 to 2 glasses of water. If vomiting does not occur within 20 minutes, repeat the dose once. Do not induce

... vomiting or give anything by mouth to an unconscious person. If on skin: Wash thoroughly with soap and water. Get medical attention if irritation occurs. If in eyes: Hold eyelids open and flush with plenty of water.

To Physician: No specific antidote is available. Treat the patient symptomatically.

ENVIRONMENTAL HAZARDS

This product is highly toxic to aquatic invertebrates. Do not apply directly to water, or to areas where surface water is present or to intertidal areas below the mean high water mark. Do not contaminate water when disposing of equipment washwaters.

This product is highly toxic to bees exposed to direct treatment or residues on blooming crops or weeds. Do not apply this product or allow it to

drift to blooming crops or weeds if bees are visiting the treatment area.

This chemical demonstrates the properties and characteristics associated with chemicals detected in groundwater. The use of this chemical in areas where soils are permeable, particularly where the water table is shallow, may result in groundwater contamination.

75 WP

Merit

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

IMPORTANT: Read these entire DIRECTIONS FOR USE, GENERAL INFORMATION, AND CONDITIONS OF SALE before using MERIT 75 WP Insecticide.

CONDITIONS OF SALE: THE DIRECTIONS ON THIS LABEL WERE DETERMINED THROUGH RESEARCH TO BE APPROPRIATE FOR THE CORRECT USE OF THIS PRODUCT. THIS PRODUCT HAS BEEN TESTED UNDER DIFFERENT ENVIRONMENTAL CONDITIONS BOTH INDOORS AND OUTDOORS UNDER CONDITIONS SIMILAR TO THOSE THAT ARE ORDINARY AND CUSTOMARY WHERE THE PRODUCT IS TO BE USED. INSUFFICIENT CONTROL OF PESTS OR PLANT INJURY MAY RESULT FROM THE OCCURRENCE OF EXTRAORDINARY OR UNUSUAL CONDITIONS, OR FROM FAILURE TO FOLLOW LABEL DIRECTIONS. IN ADDITION, FAILURE TO FOLLOW LABEL DIRECTIONS MAY CAUSE INJURY TO ANIMALS, MAN, AND DAMAGE TO THE ENVIRONMENT. BAYER OFFERS, AND THE BUYER ACCEPTS AND USES, THIS PRODUCT SUBJECT TO THE CONDITIONS THAT EXTRAORDINARY OR UNUSUAL ENVIRONMENTAL CONDITIONS, OR FAILURE TO FOLLOW LABEL DIRECTIONS ARE BEYOND THE CONTROL OF BAYER AND ARE, THEREFORE, THE RESPONSIBILITY OF THE BUYER.

Do not formulate this product into other end-use products.

APPLICATION TO TURFGRASS:

MERIT 75 WP Insecticide can be used for the control of soil inhabiting pests of turfgrass, such as Northern & Southern masked chafers, Cyclocephala borealis, C. immaculata, and/or C. lurida. Asiatic garden beetle. Maladera castanea. European chafer, Rhizotroqus majalis; May or June beetle, Phylicphaga spp.; Japanese beetle, Popillia japonica, Criental beetle, Anomala orientalis; Billbugs, Spherophorus spp.; Annual bluegrass weevil, Hyperodes spp.; Black turigrass ataenius, Ataenius spretulus and Aphodius spp; and Mole crickets, Scapteriscus spp. MERIT 75 WP Insecticide can also be used for the suppression of cutworms in turfgrass areas. MERIT 75 WP insecticide can be used as directed on turfgrass in sites such as home lawns, business and office complexes, shopping complexes, multi-family residential complexes, golf courses, airports, cemeteries, parks, playgrounds, and athletic fields. MERIT Insecticide can not be used on commercial sod farms.

The active ingredient in MERIT 75 WP Insecticide has sufficient residual activity so that applications can be made preceding the egg laying activity of the target pests. High levels of control can be achieved when applications are made preceding or during the egg laying period. The need for an application can be based on historical monitoring of the site,

previous records or experiences, current season adult trapping or other methods. Optimum control will be achieved when applications are made prior to egg hatch of the target pests, followed by sufficient irrigation or rainfail to move the active ingredient through the thatch.

Applications should not be made when turfgrass areas are waterlogged or the soil is saturated with water. Adequate distribution of the active ingredient cannot be achieved when these conditions exist. The treated turf area must be in such a condition that the rainfall or irrigation will penetrate vertically in the soil profile. Applications cannot exceed a total of 8.6 oz (0.4 lb of active ingredient) per acre per year.

Application Equipment for Use on Turfgrass: Apply MERIT 75 WP Insecticide in sufficient water to provide adequate distribution in the treated area. The use of accurately calibrated equipment normally used for the application of turfgrass insecticides is required. Use equipment which will produce a uniform, coarse droplet spray, using a low pressure setting to eliminate off target drift. Check calibration periodically to ensure that equipment is working properly.

APPLICATION TO ORNAMENTALS:

MERIT 75 WP Insecticide is for use on ornamentals in commercial and residential landscapes and interior plantscapes. MERIT 75 WP Insecticide is a systemic product and will be translocated upward into the plant system. To assure optimum effectiveness, the product must be placed where the growing portion of the target plant can absorb the active ingredient. The addition of a nitrogen containing fertilizer, where applicable, into the solution will enhance the uptake of the active ingredient. Application can be made by foliar application or soil applications; including soil injection, drenches, and broadcast sprays.

When making soil applications to plants with woody stems, systemic activity will be delayed until the active ingredient is translocated throughout the plant. In some cases, this translocation delay can take up to 60 days. For this reason, applications should be made prior to anticipated pest infestation to achieve optimum levels of control.

For outdoor ornamentals, broadcast applications cannot exceed a total of 8.6 oz (0.4 lb of active ingredient) per acre per year.

NOTE: Not for use in commercial greenhouses, nurseries, on sod farms or on grass grown for seed. For use on plants intended for aesthetic purposes or climatic modification and being grown in interior plantscapes, ornamental gardens or parks, or on golf courses or lawns and grounds.

Application Equipment for Ornamental Uses: MERIT 75 WP Insecticide mixes readily with water and may be used in many types of application equipment. Mix product with the

required amount of water and apply as desired dependent upon the selected use pattern.

When making foliar applications on hard to wet foliage such as holly, pine, or ivy, the addition of a spreader/ sticker is recommended. If concentrate or mist type spray equipment is used, an equivalent amount of product should be used on the area sprayed, as would be used in a dilute application.

MERIT 75 WP Insecticide has been found to be compatible with commonly used fungicides, miticides, liquid fertilizers, and other commonly used insecticides. Check physical compatibility using the correct proportion of products in a small jar test if local experience is unavailable.

Do not apply through any imigation system.

| RECOMMENDED APPLICATIONS | | | | |
|--------------------------|--|--|---|--|
| CROP | PEST | DOSAGE | REMARKS | |
| Turlgrasses | Larvae of: Annual bluegrass weevil Asiatic garden beetle Billbugs Black turfgrass ataenius Cutworms (suppression) European chafer Japanese beetle Northern masked chafer Oriental beetle Phyllophaga spp. Southern masked chafer | 6.4 to 8.6 oz per acre or 3 to 4 level teaspoons per 1000 sq ft | For optimum control of grubs, billbugs and annual bluegrass weevil, make application prior to egg hatch of the target pest. Be sure to read "APPLICATION EQUIPMENT" Section of this label. NOTE: 1 level teaspoon = 1.4 grams MERIT 75 WP 3 level teaspoons = 1 level Tablespoon | |
| | Mole crickets | 8.5 oz per acre or 4 level teaspoons per 1000 sq ft | For control of mole crickets make application prior to or during the peak egg hatch period. When adults or large nymphs are present and actively tunneling, MERIT application should be accompanied by a curative insecticide. Follow label instructions for other insecticides when tank-mixing. | |

Consult your local State Agricultural Experiment Station, or State Extension Turf Specialists for more specific information regarding timing of application.

NOTE: For optimum control, irrigation or rainfall should occur within 24 hours after application to move the active ingredient through the thatch. Do not apply more than 8.6 oz (0.4 lb of active ingredient) per acre per year. Avoid mowing turf or lawn area until after irrigation or rainfall has occurred so that uniformity of application will not be affected.

| | | | | I USE ON or IN ORNAMENTALS mercial buildings and residential areas |
|---|--|--|--|---|
| CRCP | PEST | DOSAGE MERIT 75 WP | | REMARKS |
| Trees Shrubs Evergreens Flowers Foliage plants Ground covers Interior plantscapes | Adelgids Aphids Elm leaf beetle Lacebugs Leafhoppers Mealybugs Sawfly larvae Thrips White Files | MERIT 75 WP (level measure) 0.25 tsp. 0.5 tsp. 1 tsp. 2.5 tsp. 1.75 Tbsp. 3.5 Tbsp. | WATER 2.5 gal. 5 gal. 10 gal. 25 gal. 50 gal. 100 gal. | Follar Applications: Start treatments prior to establishment of high pest populations and reapply on an as needed basis. |
| | White grub larvae (such as Japanese beetle larvae, Chafers, Phyllophaga spp. Asiatic garden beetle, Criental beetle) | 3 to 4 level teaspoons per 1000 sq ft | | Broadcast Applications: Mix required amount of product in sufficient water to uniformly and accurately cover the area being treated. Do not use less than 2 gallions of water per 1000 sq ft. For optimum control, irrigate thoroughly to incorporate MERIT75 WP insecticide into the upper soil profile. Refer to REMARKS section for use directions specific for FLOWERS and GROUND COVERS concerning additional use directions. |
| Trees Shrubs Flowers & Ground Covers | Adelgids Aphids Lacebugs Leafminers Mealybugs Scale insects Thrips Whiteflies Pine Tip moth larvae Elm Leaf beetle Sawfly larvae Japanese beetle Leafhoppers White grub larvae | For Trees: 0.7 to 1.4 level teaspoons per inch of trunk diameter (D.3.H.) or 1 to 2 cunces per 30 cumulative inches of trunk diameter (D.3.H) | | Soil Injection: GRID SYSTEM: Holes should be spaced on 2.5 foot centers, in a grid pattern, extending to the drip line of the tree. CIRCLE SYSTEM: Apply in holes evenly spaced in circles, (use more than one circle dependent upon the size of the tree) beneath the drip line of the tree extending in from that line. BASAL SYSTEM: Space injection holes evenly around the base of the tree trunk no more than 6 to 12 inches out from the base. Mix required dosage in sufficient water to inject an equal amount of solution in each hole. Maintain a low pressure and use sufficient solution for distribution of the liquid into the treatment zone. For optimum control, keep the treated area moist for 7 to 10 days. Do not use less than 4 holes per tree. Soil Drench: Uniformly apply the dosage in no less than 10 gallons of water per 1000 square feet as a drench around the base of the tree, directed to the root zone. Remove plastic or any other barrier that will stop solution from reaching the root zone. |
| · | | For Flowers & Ground Covers: 3 to 4 level teaspoons | | Soil Injection: Apply to individual plants using dosage indicated. Mix required dosage in sufficient water to inject an equal amount of solution in each hole. Maintain a low pressure and use sufficient solution for distribution of the liquid into the treatment zone. Keep the treated area moist for 7 to 10 days. Do not use less than 4 holes per shrub. Soil Drench: Uniformly apply the dosage in no less than 10 |
| | | | | gallons of water per 1000 square feet as a drench around the base of the tree, directed to the root zone. Remove plastic or any other barrier that will stop solution from reaching the root zone. |
| • | | | | Apply as a broadcast treatment and incorporate into the soil before planting or apply after plants are established. If application is made to established plants, optimum control will be attained if area is irrigated thoroughly after application. |

RESTRICTIONS

Do not graze treated areas or use clippings from treated areas for feed or forage. Avoid runoff or puddling of irrigation water following application. Keep children and pets off treated area until dry. Avoid application of MERIT 75 WP Insecticide to areas which are water logged or saturated,

which will not allow penetration into the root zone of the plant. Do not apply more than 8.6 cz (0.4 lb of active ingredient) per acre per year. Do not plant any food crop within one year of a treatment with MERIT 75 WP Insecticide.

STORAGE AND DISPOSAL

Do not contaminate water, food, or feed by storage or disposal.

Pesticide Storage: Store in a cool, dry place and in such a manner as to prevent cross contamination with other pesticides, fertilizers, food, and feed. Store in original container and out of the reach of children, preferably in a locked storage area.

Handle and open container in a manner as to prevent spillage. If the container is leaking, invert to prevent leakage. If container is leaking or material spilled for any reason or cause, carefully dam up spilled material to prevent runoff. Refer to Precautionary Statements on label for hazards associated with the handling of this material. Do not walk through spilled material. Absorb spilled material with absorbing type compounds and dispose of as directed for

pesticides below. In spill or leak incidents, keep unauthorized people away. You may contact the Bayer Emergency Response Team for decontamination procedures or any other assistance that may be necessary. The Bayer Kansas City Emergency Response telephone number is 800-414-0244, or contact Chemtrec at 800-424-9300.

Pesticide Disposal: Wastes resulting from the use of this product may be disposed of on site or at an approved waste disposal facility.

Container Disposal: Triple rinse (or equivalent). Then offer for recycling or reconditioning, or puncture and dispose of in a sanitary landfill or by incineration, or, if allowed by State and local authorities, by burning. If burned, stay out of smoke.

Date of Draft: 03/17/97

Sispersedes Draft Dated: 03/14/95

Reason to Issue: Add cutworm suppression and rate range

for turf insects.

Bayer Corporation Garden & Professional Care Box 4913 Kansas City, MO 64120-0013 (800) 842-8020 http://usagri.bayer.com ME 9907 GPC Printed in U.S.A.

IMPORTANT

Before using this product, read and carefully observe directions, cautionary statements and other information appearing on the product packaging label. This product is sold subject to the Conditions of Sale set forth on the container label.





MATERIAL JAFETY DATA SHEET

BAYER CORPORATION
AGRICULTURE DIVISION
P.O. Box 4913 Hawthorn Road
Kansas City, MO 64120-0013

| TRANSPORTATION EMERGENCY CALL CHEMTREC: (800) DISTRICT OF COLUMBIA: (202) | NON-T 424-9300 BAYER 483-7616 BAYER | RANSPORTATION EMERGENCY PHONE INFORMATION PHONE | .: (816) 242-2582 .: (816) 242-2000 |
|--|---|---|--|
| I. PRODUCT IDENTIFICATION | | | |
| PRODUCT NAME | 21 nicotinyl chloro-3-pyridiny colidinimine oprid; BAY NTN C1 N5 G2 | vl)methyl}~N-nitro- | -2- |
| II. HAZARDOUS INGREDIENTS: INGREDIENT NAME /CAS NUMBER EXPOSURE L | IMITS | | ONCENTRATION (%) |
| Imidacloprid 138261-41-3 OSHA: Not Esta ACGIH: Not Esta | ablished | | 5 % |
| Ingredient 1968 Specific chemical identi OSHA: Not Esta ACGIH: Not Esta | ablished | as a trade secret. | -5 ½ |
| Ingredient 1611 Specific chemical identi OSHA: Not Esta ACGIH: Not Esta | blished | |)-20 % |
| III. PHYSICAL PROPERTIES: | · / | ********* | |
| PHYSICAL FORM Po | | | |

Product Code: 216511 Approval date: 09/23/94

CCLOR..... Light brown

MSDS Page 1 Continued on next page

III. __YSICAL PROPERTIES (Continued)

ODOR..... None MOLECULAR WEIGHT..... 255.7 (for imidacloprid) pH 1% Slurry pH 6-8 BOILING POINT..... Not established MELTING/FREEZING POINT...: Melting: 120-134 C (for imidacloprid) SOLUBILITY IN WATER: 9-10% of the mixture SOLUBILITY (NON AQUEOUS) ..: Much of the mixture is soluble in acetone, methylene chloride and DMF. SPECIFIC GRAVITY Not established BULK DENSITY..... Tapped bulk density is approximately 30 lbs/cu-ft % VOLATILE BY VOLUME.....: Not applicable Z VOLATILE BY WEIGHT.....: Not applicable EVAPORATION RATE: Not established (Butyl acetate = 1) VAPOR PRESSURE 1.5 x 10 -9 mm @ 20 C (for imidacloprid) VAPOR DENSITY Not established (Air = 1) NITROGEN CONTENT Approximately 20%

IV. FIRE AND EXPLOSION DATA:

V. HUMAN HEALTH DATA:

ROUTE(S) OF ENTRY.....: Inhalation; Skin Contact; Skin Absorption

HUMAN EFFECTS AND SYMPTOMS OF OVEREXPOSURE:

ACUTE EFFECTS OF EXPOSURE....: No specific symptoms of acute overexposure are known to occur in humans. Animal studies have shown that this material is mildly toxic by the oral and dermal routes. It is minimally irritating to the conjunctiva of the eye but the irritation is reversible within 24 hours. It is a slight dermal irritant, but is not a dermal sensitizer. CHRONIC EFFECTS OF EXPOSURE...: No specific symptoms of chronic overexposure are known to occur in humans.

CARCINGGENICITY...... This product is not listed by NTP, IARC or regulated as a carcinogen by OSHA.

Product Code: 216511 Approval date: 09/23/94

MSDS Page 2 Continued on next page

HUMAN HEALTH DATA (Continue

MEDICAL CONDITIONS

AGGRAVATED BY EXPOSURE.....: No specific medical conditions are known which may be aggravated by exposure to this product.

VI. EMERGENCY AND FIRST AID PROCEDURES:

FIRST AID FOR EYES.....: Hold eyelids open and flush with copious amounts of water for 15 minutes. Call a physician if irritation persists or develops after flushing.

FIRST AID FOR SKIN.....: Remove contaminated clothing. Wash skin with soap and water. Get medical attention if irritation persists. If signs of intoxication (poisoning) occur, get medical attention immediately.

FIRST AID FOR INHALATION: First, remove victim to fresh air or uncontaminated area. If not breathing, give artificial respiration, preferably mouth-to-mouth. Get medical attention as soon as possible.

FIRST AID FOR INGESTION: If ingestion is suspected, call a physician or poison control center. Drink one or two glasses of water and induce vomiting by touching back of throat with finger, or, if available, by administering syrup of ipecac. If syrup of ipecac is available, administer 1 tablespoonful (15 mL) of syrup of ipecac followed by 1 to 2 glasses of water. If vomiting does not occur within 20 minutes, repeat the dose once. Do not induce vomiting or given aything by mouth to an unconscious person.

NOTE TO PHYSICIAN.....: Treat symptomatically. In case of poisoning, it is also requested that Bayer Corp., Agriculture Division, Kansas City, Missouri, be notified. Telephone: 816/242-2582

ANTIDOTES..... None

VII. EMPLOYEE PROTECTION RECOMMENDATIONS:

EYE PROTECTION REQUIREMENTS.....: Goggles should be used when needed to prevent dust from getting into the eyes.

SKIN PROTECTION REQUIREMENTS.....: Wear long sleeves and trousers to prevent skin contact.

HAND PROTECTION REQUIREMENTS.....: The use of chemical-resistant gloves to prevent skin contact is recommended as good practice.

RESPIRATOR REQUIREMENTS..........: Under normal handling conditions, no respiratory protection is needed; however, when potential exposure to product dust is excessive, wear a NIOSH-approved respirator for dusts and mists or for pesticides.

VENTILATION REQUIREMENTS..... Control exposure levels through the use of general and local exhaust ventilation, where needed.

ADDITIONAL PROTECTIVE MEASURES....: Clean water should be available for washing in case of eye or skin contamination. Educate and train employees in safe use of the product. Follow all label instructions. Launder

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VII. L. LOYEE PROTECTION (Continued)

clothing after use. Wash thoroughly after handling.

VIII. REACTIVITY DATA:

STABILITY..... This is a stable material.

HAZARDOUS POLYMERIZATION...: Will not occur. INCOMPATIBILITIES....... None known

INSTABILITY CONDITIONS.....: Strong exothermal reaction above 200 C (for

imidacloprid)

DECOMPOSITION PRODUCTS.....: Proposed: HCl, HCN, CO, NOx (for imidacloprid)

IX. SPILL AND LEAK PROCEDURES:

SPILL OR LEAK PROCEDURES....: Isolate area and keep unauthorized people away. Do not walk through spilled material. Avoid breathing dusts and skin contact. Avoid generating dust (a fine water spray mist, plastic film cover, or floor sweeping compound may be used if necessary). Use recommended protective equipment while carefully sweeping up spilled material. Place in covered container for reuse or disposal. Scrub contaminated area with soap and water. Rinse with water. Use dry absorbent material such as clay granules to absorb and collect wash solution for proper disposal. Contaminated soil may have to be removed and disposed. Do not allow material to enter streams, sewers, or other other waterways.

WASTE DISPOSAL METHOD.....: Follow container label instructions for disposal of wastes generated during use in compliance with the product label. In other situations, bury in an EPA approved landfill or burn in an incinerator approved for pesticide destruction. Do not reuse container.

X. SPECIAL PRECAUTIONS & STORAGE DATA:

STORAGÉ TEMPERATURE (MIN/MAX): None/30 day average not to exceed 100 F

SHELF LIFE..... Not noted SPECIAL SENSITIVITY..... Not noted

HANDLING/STORAGE PRECAUTIONS: Store in a cool dry area designated specifically for pesticides. Do not store near any material intended for use or consumption by humans or animals.

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SEIPPING INFORMATION: TECHNICAL SHIPPING NAME..... Imidacloprid FREIGHT CLASS BULK..... Insecticides, NOI-NMFC 102120 FREIGHT CLASS PACKAGE..... Insecticides, NOI-NMFC 102120 PRODUCT LABEL..... Not Noted DOT (DOMESTIC SURFACE) ------PROPER SHIPPING NAME...... Not hazardous or regulated HAZARD CLASS OR DIVISION: Non-Regulated IMO / IMDG CODE (OCEAN) PROPER SHIPPING NAME...... Not hazardous or regulated HAZARD CLASS DIVISION NUMBER...: Non-Regulated ICAO / IATA (AIR) PROPER SHIPPING NAME...... Not hazardous or regulated HAZARD CLASS DIVISION NUMBER...: Non-Regulated ANIMAL TOXICITY DATA: Only acute studies have been performed on this product as formulated. The non-acute information pertains to the technical-grade active ingredient, Imidacloprid. ACUTE TOXICITY ORAL LD50..... Male Rat: 2591 mg/kg; Female Rat: 1858 mg/kg DERMAL LD50.....: Male and Female Rat: >2000 mg/kg INHALATION LC50....: 4 Hr. Exposure to Liquid Aerosol: Male Rat: 2.65 mg/l (analytical); Female Rat: 2.75 mg/l (analytical) -- 1 Hr. Exposure to Liquid Aerosol (extrapolated from 4 Hr. LC50): Male Rat: 10.6 mg/l (analytical); Female Rat: 11.0 mg/l (analytical) EYE EFFECTS..... Rabbit: Only minimal irritation to the conjunctiva was observed with all remarkable irritation resolving by 24 hours. SKIN EFFECTS.....: Rabbit: Slight dermal irritant.

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concentrations of imidacloprid at 5.5, 30.5 and 191.2 mg/cubic meter for 6 hours/day, 5 days/week. Effects observed at the high concentration included

SUBCHRONIC TOXICITY...: In a 3 week dermal toxicity study, rabbits were treated with the active ingredient, imidacloprid, at the limit dose level of 1000 mg/kg for 6 hours/day, 5 days/week. There were no local or systemic effects observed at any of the levels tested. The no-observed-effect-level (NOEL) was

SENSITIZATION....: Guinea Pig: Not a dermal sensitizer.

1000 mg/kg. In a 4 week inhalation study, rats were exposed to dust

XII. ANL _ TOXICITY DATA (Continued)

decreased body weight gains, decreased heart and thymus weights, increased liver weights, and induction of the hepatic mixed-function oxidases. Histopathological examinations did not reveal any organ damage or local injury to the respiratory tract. The NOEL was 5.5 mg/cubic meter based on induction of the hepatic mixed-function oxidases. CHRONIC TOXICITY.....: Dogs were administered imidacloprid for 1 year at dietary concentrations of 200, 500 or 1250 ppm. Due to the lack of significant effects, the high dose was increased to 2500 ppm at 17 weeks for the remainder of the study. Effects observed at the high dose included decreased food consumption, increased liver weights and elevated serum chemistries. The NCEL was 500 ppm. In chronic studies using rats, imidacloprid was administered for 2 years to rats at dietary concentrations of 100, 300, 900 or 1800 ppm. Histopathology examinations revealed an increased incidence of mineralization in the colloid of the thyroid follicles at concentrations of 300 ppm and greater. At 1800 ppm, there were changes in the serum chemistries and a slight increase in the incidence of parafollicular hyperplasia seen in the thyroids. Body weight gains were reduced at 900 and 1800 ppm. The overall NOEL was 100 ppm. CARCINOGENICITY.....: Imidacloprid was investigated for carcinogenicity in chronic feeding studies using mice and rats at maximum levels of 2000 and 1800 ppm, respectively. There was no evidence of a carcinogenic potential observed in either species. MUTAGENICITY..... The imidacloprid mutagenicity studies, taken collectively, demonstrate that the active ingredient is not genotoxic or mutagenic. DEVELOPMENTAL TOXICITY: In a teratology study using rats, imidacloprid was administered by oral gavage during gestation at doses of 10, 30 or 100 mg/kg. At the maternally toxic dose of 100 mg/kg, skeletal examinations of the fetuses revealed a slight increase in the incidence of wavy ribs. The NOELs for maternal and developmental toxicity were 10 and 30 mg/kg, respectively. Teratogenic effects were not observed at any of the doses tested. Rabbits were administered imidacloprid during gestation at oral doses of 8, 24 or 72 mg/kg. At the maternally toxic dose of 72 mg/kg, reduced body weights and delayed skeletal ossification were observed in the fetuses. The NOELs for maternal and developmental toxicity were 8 and 24 mg/kg, respectively. Teratogenic effects were not observed at any of the doses tested. REPRODUCTION...... In a reproduction study, imidacloprid was administered to rats for 2 generations at dietary concentrations of 100, 250 or 700 ppm. Offspring at 700 ppm, exhibited reduced mean body weights and body weight gain. No other reproductive effects were observed. The maternal and reproductive NOELs were 100 and 250 ppm, respectively. NEUROTOXICITY: In an acute oral neurotoxicity study using rats, imidacloprid was administered as a single dose at concentrations of 42, 151 or 307 mg/kg. Clinical observations and neurotoxicity evaluations were performed over a period of 15 days followed by a neurohistopathological examination. Deaths attributed to imidacloprid were observed at the high dose within a day of treatment. The NOEL for motor and locomotor activity was 42 mg/kg for males. Females at the low dose exhibited minimal decrease in activity in the figure-eight maze. In a subsequent study, the NOEL for motor and locomotor activity in females was 20 mg/kg. The NOEL for neurotoxicity was 307 mg/kg

based on the absence of treatment-related microscopic lesions in skeletal

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XII. ANIMAL TOXICITY DATA (Continu

muscle or neural tissue. In a 13 week neurotoxicity study, imidacloprid was administered to rats at dietary concentrations of 140, 963 or 3027 ppm. At the mid-and high dose, effects observed included reductions in body weight and feed consumption, and clinical chemistry findings. Neurobehavorial changes were observed only in males at the high dose. There were no correlative micropathologic findings in muscle or neural tissues in any animals at any treatment level. The NOEL for neurotoxicity was 3027 ppm. The overall NOEL was 140 ppm.

FEDERAL REGULATORY INFORMATION:

OSHA STATUS..... This product is hazardous under the criteria of

the Federal OSHA Hazard Communication Standard 29

CFR 1910.1200.

TSCA STATUS...... This product is exempt from TSCA Regulation under

FIFRA Section 3 (2) (B) (ii) when used as a

pesticide.

CERCLA REPORTABLE QUANTITY..: No components listed

SARA TITLE III:

SECTION 302 EXTREMELY

HAZARDOUS SUBSTANCES..: None

SECTION 311/312

HAZARD CATEGORIES....: Immediate Health Hazard

SECTION 313

TOXIC CHEMICALS....: None

RCRA STATUS...... If discarded in its purchased form, this product

would not be a hazardous waste either by listing or by characteristic. However, under RCRA, it is the responsibility of the product user to determine at the time of disposal, whether a material containing the product or derived from the product should be classified as a hazardous

waste. (40 CFR 261.20-24)

XIV. OTHER REGULATORY INFORMATION:

NFPA 704M RATINGS: Health Flammability Reactivity Other 1 1

O=Insignificant 1=Slight 2=Moderate 3=High 4=Extreme

Bayer's method of hazard communication is comprised of Product Labels and Material Safety Data Sheets. NFPA ratings are provided by Bayer Corporation as a customer service.

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MSDS Page 7 Continued on next page XV. APPROVALS:

REASON FOR ISSUE...... Add neurotoxicity data (Section XII)

PREPARED BY...... V. C. Standart APPROVED BY...... D. C. Eberhart

TITLE..... Product Safety Manager

APPROVAL DATE....: 09/23/94
SUPERSEDES DATE....: 07/20/94
MSDS NUMBER....: 15961

This information is furnished without warranty, expressed or implied, except that it is accurate to the best knowledge of Bayer Corporation. The data on this sheet relates only to the specific material designated herein. Bayer Corporation assumes no legal responsibility for use or reliance upon these data.

Product Code: 216511 Approval date: 09/23/94 MSDS Page 8 Last page SCA NO: 94-2167 REV-21 REVISD 06/05/01

WAGE DETERMINATION NO: 94-2167 REV (21) AREA: IL, CHICAGO

HEALTH AND WELFARE LEVEL - INSURANCE ONLY **OTHER WELFARE LEVEL WD: 94-2168**

******THIS IS AN INFORMATIONAL DISPLAY OF AN SCA WAGE DETERMINATION AND****** SHOULD NOT BE USED IN A FEDERAL SERVICE SOLICIATION OR CONTRACT

REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT By direction of the Secretary of Labor

U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION WAGE AND HOUR DIVISION WASHINGTON D.C. 20210

Wage Determination No.: 1994-2167

William W.Gross Division of

Revision No.: 21 Date Of Last Revision: 04/23/2001

Director Wage Determinations

State: Illinois

Area: Illinois Counties of Cook, De Kalb, Du Page, Kane, Lake, Lee, McHenry

Fringe Benefits Required Follow the Occupational Listing

| OCCUPATION TITLE | MUMINIM | WAGE | RATE |
|--|---------|------|--|
| Administrative Support and Clerical Occupations Accounting Clerk II Accounting Clerk III Accounting Clerk IVI Court Reporter Dispatcher, Motor Vehicle Document Preparation Clerk Duplicating Machine Operator Film/Tape Librarian General Clerk II General Clerk III General Clerk IVI Housing Referral Assistant Key Entry Operator I Key Entry Operator II Messenger (Courier) Order Clerk II Personnel Assistant (Employment) II Personnel Assistant (Employment) III Personnel Assistant (Employment) IV Production Control Clerk Rental Clerk Scheduler, Maintenance Secretary II Secretary III Secretary IV | 41N1MUM | | 10.01 12.10 13.13 14.86 13.40 15.14 12.47 11.77 10.38 10.86 13.04 15.30 16.98 9.70 13.14 9.18 10.84 13.79 11.32 12.73 16.10 17.71 13.45 13.66 13.66 13.66 13.66 13.66 |
| Secretary V Service Order Dispatcher Stenographer I | | | 25.46 13.96 11.75 |

| Stenographer II Supply Technician Survey Worker (Interviewer) Switchboard Operator-Receptionist Test Examiner Test Proctor | 13.20 20.08 13.40 10.36 14.64 |
|--|--|
| Travel Clerk I Travel Clerk II Travel Clerk III Word Processor I Word Processor II Word Processor III | 14.64 9.40 10.17 10.99 11.88 15.53 18.90 |
| Automatic Data Processing Occupations Computer Data Librarian | 10.89 |
| Computer Operator I | 12.52 |
| Computer Operator II | 13.99 |
| Computer Operator III | 17.12 |
| Computer Operator IV Computer Operator V | 19.46 21.55 |
| Computer Programmer I (1) | 20.34 |
| Computer Programmer II (1) | 21.49 |
| Computer Programmer III (1) | 25.62 |
| Computer Programmer IV (1) | 27.62 |
| Computer Systems Analyst I (1) | 25.79 |
| Computer Systems Analyst II (1) Computer Systems Analyst III (1) | 27.62 27.62 |
| Peripheral Equipment Operator | 12.60 |
| Automotive Service Occupations | |
| Automotive Body Repairer, Fiberglass | 19.97 |
| Automotive Glass Installer Automotive Worker | 20.95 |
| Electrician, Automotive | 20.95 21.96 |
| Mobile Equipment Servicer | 18.95 |
| Motor Equipment Metal Mechanic | 22.96 |
| Motor Equipment Metal Worker | 20.95 |
| Motor Vehicle Mechanic | 22.96 |
| Motor Vehicle Mechanic Helper | 17.93 |
| Motor Vehicle Upholstery Worker Motor Vehicle Wrecker | 19.96 20.95 |
| Painter, Automotive | 21.96 |
| Radiator Repair Specialist | 20.95 |
| Tire Repairer | 15.92 |
| Transmission Repair Specialist | 22.96 |
| Food Preparation and Service Occupations Baker | 12.06 |
| Cook I | 13.06 11.95 |
| Cook II | 13.06 |
| Dishwasher | 9.25 |
| Food Service Worker | 9.25 |
| Meat Cutter Waiter/Waitress | 13.06 |
| Furniture Maintenance and Repair Occupations | 9.96 |
| Electrostatic Spray Painter | 19.10 |
| Furniture Handler | 13.83 |
| Furniture Refinisher | 19.10 |
| Furniture Refinisher Helper | 15.59 |
| Furniture Repairer, Minor Upholsterer | 17.36 19.10 |
| General Services and Support Occupations | 19.10 |
| Cleaner, Vehicles | 9.25 |
| Elevator Operator | 10.64 |
| Gardener | 13.69 |
| House Keeping Aid I House Keeping Aid II | 8.69 |
| Janitor | 9.36 9.95 |
| | 9.95 |

| Laborer, Grounds Maintenance Maid or Houseman | 11.47 |
|---|----------------|
| Pest Controller | 8.54 13.03 |
| Refuse Collector | 10.64 |
| Tractor Operator | 12.78 |
| Window Cleaner | 10.61 |
| Health Occupations | |
| Dental Assistant | 11.42 |
| Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver Licensed Practical Nurse I | 13.96 |
| Licensed Practical Nurse II | 12.14 13.64 |
| Licensed Practical Nurse III | 15.25 |
| Medical Assistant | 10.74 |
| Medical Laboratory Technician | 12.35 |
| Medical Record Clerk | 10.74 |
| Medical Record Technician | 14.14 |
| Nursing Assistant I | 7.41 |
| Nursing Assistant II Nursing Assistant III | 8.33 |
| Nursing Assistant IV | 9.14 10.39 |
| Pharmacy Technician | 12.72 |
| Phlebotomist | 10.20 |
| Registered Nurse I | 16.26 |
| Registered Nurse II | 22.15 |
| Registered Nurse II, Specialist | 22.15 |
| Registered Nurse III | 27.60 |
| Registered Nurse III, Anesthetist | 27.60 |
| Registered Nurse IV Information and Arts Occupations | 29.69 |
| Audiovisual Librarian | 17.98 |
| Exhibits Specialist I | 16.47 |
| Exhibits Specialist II | 20.40 |
| Exhibits Specialist III | 24.95 |
| Illustrator I | 16.80 |
| Illustrator II | 20.81 |
| Illustrator III Librarian | 25.45 |
| Library Technician | 21.52 |
| Photographer I | 15.50 14.66 |
| Photographer II | 16.57 |
| Photographer III | 20.40 |
| Photographer IV | 24.95 |
| Photographer V | 30.19 |
| Laundry, Dry Cleaning, Pressing and Related Occupations | |
| Assembler Counter Attendant | 7.65 |
| Dry Cleaner | 7.65 8.80 |
| Finisher, Flatwork, Machine | 7.65 |
| Presser, Hand | 7.65 |
| Presser, Machine, Drycleaning | 7.65 |
| Presser, Machine, Shirts | 7.65 |
| Presser, Machine, Wearing Apparel, Laundry | 7.65 |
| Sewing Machine Operator Tailor | 9.51 |
| Washer, Machine | 10.22 8.49 |
| Machine Tool Operation and Repair Occupations | 8.49 |
| Machine-Tool Operator (Toolroom) | 19.10 |
| Tool and Die Maker | 24.45 |
| Material Handling and Packing Occupations | |
| Forklift Operator | 14.31 |
| Fuel Distribution System Operator Material Coordinator | 17.22 |
| Material Expediter | 19.74 |
| Material Handling Laborer | 19.74 16.43 |
| Order Filler | 10.45 |
| | |

| Production Line Worker (Food Processing) | 12.99 |
|--|-------|
| Shipping Packer | 14.43 |
| Shipping/Receiving Clerk | 14.43 |
| Stock Clerk (Shelf Stocker; Store Worker II) | 13.53 |
| Store Worker I | 10.73 |
| Tools and Parts Attendant | 16.25 |
| Warehouse Specialist | 14.65 |
| Mechanics and Maintenance and Repair Occupations | 14.05 |
| Aircraft Mechanic | 21 22 |
| Aircraft Mechanic Helper | 21.23 |
| | 16.72 |
| Aircraft Quality Control Inspector | 22.05 |
| Aircraft Servicer | 18.45 |
| Aircraft Worker | 19.37 |
| Appliance Mechanic | 19.10 |
| Bicycle Repairer | 15.92 |
| Cable Splicer | 22.63 |
| Carpenter, Maintenance | 21.96 |
| Carpet Layer | 20.95 |
| Electrician, Maintenance | 26.18 |
| Electronics Technician, Maintenance I | 19.51 |
| Electronics Technician, Maintenance II | 20.33 |
| Electronics Technician, Maintenance III | |
| Fabric Worker | 23.12 |
| | 17.36 |
| Fire Alarm System Mechanic | 19.97 |
| Fire Extinguisher Repairer | 16.48 |
| Fuel Distribution System Mechanic | 19.97 |
| General Maintenance Worker | 16.07 |
| Heating, Refrigeration and Air Conditioning Mechanic | 19.97 |
| Heavy Equipment Mechanic | 21.41 |
| Heavy Equipment Operator | 24.46 |
| Instrument Mechanic | 19.97 |
| Laborer | |
| Locksmith | 11.94 |
| | 19.10 |
| Machinery Maintenance Mechanic | 19.97 |
| Machinist, Maintenance | 21.61 |
| Maintenance Trades Helper | 13.97 |
| Millwright | 21.92 |
| Office Appliance Repairer | 19.97 |
| Painter, Aircraft | 19.97 |
| Painter, Maintenance | 19.97 |
| Pipefitter, Maintenance | 25.53 |
| Plumber, Maintenance | 23.71 |
| Pneudraulic Systems Mechanic | |
| Rigger | 19.97 |
| Scale Mechanic | 23.16 |
| | 18.22 |
| Sheet-Metal Worker, Maintenance | 22.31 |
| Small Engine Mechanic | 18.22 |
| Telecommunication Mechanic I | 20.98 |
| Telecommunication Mechanic II | 21.80 |
| Telephone Lineman | 20.98 |
| Welder, Combination, Maintenance | 19.97 |
| Well Driller | 22.96 |
| Woodcraft Worker | 19.97 |
| Woodworker | |
| Miscellaneous Occupations | 16.38 |
| Animal Caretaker | |
| | 10.67 |
| Carnival Equipment Operator | 12.83 |
| Carnival Equipment Repairer | 13.74 |
| Carnival Worker | 9.25 |
| Cashier | 8.08 |
| Desk Clerk | 8.62 |
| Embalmer | 17.48 |
| Lifeguard | 9.46 |
| Mortician | 20.93 |
| Park Attendant (Aide) | 11.88 |
| | 11.00 |

| Photofinishing Worker (Photo Lab Tech., Darkroom Tech) | 10.15 |
|---|-----------------------|
| Recreation Specialist | 11.93 |
| Recycling Worker Sales Clerk | 13.07 |
| School Crossing Guard (Crosswalk Attendant) | 9.62 9.77 |
| Sport Official | 9.46 |
| Survey Party Chief (Chief of Party) | 14.88 |
| Surveying Aide | 9.30 |
| Surveying Technician (Instr. Person/Surveyor Asst./Instr.) Swimming Pool Operator | 12.76 13.06 |
| Vending Machine Attendant | 11.36 |
| Vending Machine Repairer | 13.06 |
| Vending Machine Repairer Helper | 11.36 |
| Personal Needs Occupations | |
| Child Care Attendant Child Care Center Clerk | 9.41 12.36 |
| Chore Aid | 8.72 |
| Homemaker | 13.88 |
| Plant and System Operation Occupations | |
| Boiler Tender | 19.97 |
| Sewage Plant Operator Stationary Engineer | 19.10 24.30 |
| Ventilation Equipment Tender | 15.59 |
| Water Treatment Plant Operator | 19.10 |
| Protective Service Occupations | |
| Alarm Monitor | 14.99 |
| Corrections Officer Court Security Officer | 18.93 20.53 |
| Detention Officer | 18.93 |
| Firefighter | 21.13 |
| Guard I | 8.59 |
| Guard II | 14.91 |
| Police Officer Stevedoring/Longshoremen Occupations | 21.22 |
| Blocker and Bracer | 17.05 |
| Hatch Tender | 15.19 |
| Line Handler | 15.19 |
| Stevedore I | 14.42 |
| Stevedore II Technical Occupations | 15.85 |
| Air Traffic Control Specialist, Center (2) | 28.33 |
| Air Traffic Control Specialist, Station (2) | 19.54 |
| Air Traffic Control Specialist, Terminal (2) | 21.51 |
| Archeological Technician I | 14.69 |
| Archeological Technician II Archeological Technician III | 16.53 |
| Cartographic Technician | 20.40 26.98 |
| Civil Engineering Technician | 20.40 |
| Computer Based Training (CBT) Specialist/ Instructor | 21.84 |
| Drafter I | 11.80 |
| Drafter II Drafter III | 13.26 |
| Drafter IV | 16.80 20.81 |
| Engineering Technician I | 11.28 |
| Engineering Technician II | 12.68 |
| Engineering Technician III | 16.14 |
| Engineering Technician IV Engineering Technician V | 19.30 |
| Engineering Technician VI | 24.20 29.28 |
| Environmental Technician | 18.32 |
| Flight Simulator/Instructor (Pilot) | 28.56 |
| Graphic Artist | 21.84 |
| Instructor Laboratory Technician | 20.80 |
| Mathematical Technician | 16.39 19.30 |
| | 10.50 |

| Paralegal/Legal Assistant I | 15.41 |
|---|-------|
| Paralegal/Legal Assistant II | 20.68 |
| Paralegal/Legal Assistant III | 25.29 |
| Paralegal/Legal Assistant IV | 30.60 |
| Photooptics Technician | 19.30 |
| Technical Writer | 23.69 |
| Unexploded (UXO) Safety Escort | 18.01 |
| Unexploded (UXO) Sweep Personnel | 18.01 |
| Unexploded Ordnance (UXO) Technician I | 18.01 |
| Unexploded Ordnance (UXO) Technician II | 21.79 |
| Unexploded Ordnance (UXO) Technician III | 26.11 |
| Weather Observer, Combined Upper Air and Surface Programs (3) | 14.88 |
| Weather Observer, Senior (3) | 16.53 |
| Weather Observer, Upper Air | 14.88 |
| Transportation/ Mobile Equipment Operation Occupations | |
| Bus Driver | 17.04 |
| Parking and Lot Attendant | 12.59 |
| Shuttle Bus Driver | 16.04 |
| Taxi Driver | 15.18 |
| Truckdriver, Heavy Truck | 18.05 |
| Truckdriver, Light Truck | 16.04 |
| Truckdriver, Medium Truck | 17.04 |
| Truckdriver, Tractor-Trailer | 18.05 |
| | _0.00 |

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$1.92 an hour or \$76.80 a week or \$332.80 a month.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole

of continuous service with the present contractor or successor, wherever employed, and

the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Colu Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute any of the named holidays another day off with pay in accordance with a plan communica to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

- 1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)
- 2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.
- 3) WEATHER OBSERVERS NIGHT PAY & SUNDAY PAY: If you work at night as part of a reg tour of duty, you will earn a night differential and receive an additional 10% of basi

for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your ra

basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work

which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees emplo in a position that represents a high degree of hazard when working with or in close proximity to ordinance, explosives, and incendiary materials. This includes work such screening, blending, dying, mixing, and pressing of sensitive ordance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives a incendiary materials. All operations involving regrading and cleaning of artillery ra

A 4 percent differential is applicable to employees employed in a position that repres a low degree of hazard when working with, or in close proximity to ordance, (or employ possibly adjacent to) explosives and incendiary materials which involves potential inj such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjac work area or equipment being used. All operations involving, unloading, storage, and hauling of ordance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specificall designated by the agency for ordance, explosives, and incendiary material differential

** UNIFORM ALLOWANCE **

If employees are required to wear uniforms in the performance of this contract (either the terms of the Government contract, by the employer, by the state or local law, etc. the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) s uniforms is an expense that may not be borne by an employee where such cost reduces th hourly rate below that required by the wage determination. The Department of Labor wil accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibil of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cos reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week \$.67 cents per day). However, in those instances where the uniforms furnished are mad "wash and wear" materials, may be routinely washed and dried with other personal garme and do not require any special treatment such as dry cleaning, daily washing, or comme

laundering in order to meet the cleanliness or appearance standards set by the terms o

Government contract, by the contractor, by law, or by the nature of the work, there is requirement that employees be reimbursed for uniform maintenance costs.

** NOTES APPLYING TO THIS WAGE DETERMINATION **

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by th Third Supplement, dated March 1997, unless otherwise indicated. This publication may obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contract officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 14 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropr level of skill comparison) between such unlisted classifications and the classification listed in the wage determination. Such conformed classes of employees shall be paid t monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Se

4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupati and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order pro

classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), includ information regarding the agreement or disagreement of the authorized representative o

employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than days after such unlisted class(es) of employees performs any contract work.

- 3) The contracting officer reviews the proposed action and promptly submits a report o
- action, together with the agency's recommendations and pertinent information including position of the contractor and the employees, to the Wage and Hour Division, Employmen Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2 Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapp

the action via transmittal to the agency contracting officer, or notifies the contract officer that additional time will be required to process the request.

- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupatio (the Directory) should be used to compare job definitions to insure that duties reques are not performed by a classification already listed in the wage determination. Remem it is not the job title, but the required tasks that determine whether a class is inclin an established wage determination. Conformances may not be used to artificially sp combine, or subdivide classifications listed in the wage determination.

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by QN 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

| 1. Type of Federal Action: | 2 Status of E. J. | 4 4 | |
|--|--|--|---|
| a. contract b. grant c. cooperative agreement d. loan e. loan guarantee | a. bid/offe b. initial a c. post-aw | r/application ward | 3. Report Type: a. Initial filing b. material change For Material Change Only: year quarter |
| f. Ioan insurance | | | date of last report |
| 4. Name and Address of Reporting Enti | • | 5. If Reporting Ent and Address of | ity in No. 4 is Subawardee, Enter Name Prime: |
| Congressional District, if known: 6. Federal Department/Agency: | | Congressional D 7. Federal Program | District, if known: |
| | | | f applicable: |
| 8. Federal Action Number, if known: | | 9. Award Amount, a | if known: |
| 10. a. Name and Address of Lobbying En (if individual, last name, first name, | | (last name, first name) | ming Services (including address if 10a) me, MI): |
| 11. Amount of Payment (check all that ap) | Itlach Continuation Shee | ((s) SF-UL-A, if necessary) | **** |
| \$ actual 12. Form of Payment (check all that apply) a. cash b. in-kind; specify: nature | □ planned | 13. Type of Payment a. retainer b. one-time f c. commissio d. contingent e. deferred f. other; spec | on Lifee |
| 14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: (attach Continuation Sheet(s) SF-LLL-A if necessary) 15. Continuation Sheet(s) SF-LLL-A attached: Yes No | | | |
| 16. Information requested through this form is authorized section 1352. This disclosure of lobbying activities is a major of fact upon which reliance was placed by the iter transaction was made or encared into. This disclosure is no 31 U.S.C. 1352. This information will be reported to 1 annually and will be available far public inspection, Any file the required disclosure shall be subject to a civil peak. \$10,000 and not more than \$100,000 far each such failure. | ortal representation shows when this required pursuant to the Cangrous semi-person who fails to ity of not less than | ignature: vint Name: itle: elephone No.: | |
| Federal Use Only: | Propertie | TELESCOPEN | Authorized for Local Reproduction |

| Reporting Entity: | Page of |
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Authorized for Local Reproduction Standard Form - LLL-A

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
- Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- 8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the
 Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 - (b)Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
- 11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
- 12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
- 13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
- 14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
- 15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
- 16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 mintues per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

FEDERAL CONTRACTOR VETERANS' EMPLOYMENT REPORT VETS-100

OMB NO:1293-0005 Expires 04-30-2001

Persons are not required to respond to this collection of information unless it displays a valid OMB number

RETURN COMPLETED REPORT TO:

U.S. DEPARTMENT OF LABOR VETERANS' EMPLOYMENT AND TRAINING SERVICE **VETS-100 REPORTING** 6101 STEVENSON AVE ALEXANDRIA, VA 22304

| TYPE OF CONTRACTOR | TYPE OF FORM (Check only one) |
|-----------------------------------|---|
| (Check one or both as applicable) | Single Establishment-Headquarters Multiple Establishment-Hering Multiple Establishment-Hiring |
| ☐ Prime Contractor☐ Subcontractor | Location Multiple Establishment-State Consolidated (specify number of locations)(MSC) |

| COMPANY IDENTIFICATION INFORMATION (Omit if items prep | orinted above) | iocalions) | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| COMPANY No: | TWELVE MONTH PERIOD ENDING | 2 0 0 0 | | | | | | | |
| NAME OF PARENT COMPANY: | ADDRESS (NUMBER AND STREET): | | | | | | | | |
| CITY: | COUNTY: | STATE: ZIP CODE: | | | | | | | |
| NAME OF HIRING LOCATION: | ADDRESS (NUMBER AND STREET). | | | | | | | | |
| CITY: | COUNTY: | STATE: ZIP CODE: | | | | | | | |
| SIC: DUNS: | EMPLOYER I.D. No. (IRS TAX No.) | | | | | | | | |
| INFORMATION ON VETERANS REPORT ALL REGULAR FULL-TIME OR PART-TIME EMPLOYEES AND NEW HIRES W | /HO ARE VETERANS, AS DEFINED ON REVERSE | E. DATA ON NUMBER OF EMPLOYEES ARE TO BE | | | | | | | |

ENTERED IN COLUMN L, M. AND N. DATA ON NEW HIRES ARE TO BE ENTERED IN COLUMNS O, P, Q, AND R. ENTRIES IN COLUMNS O THROUGH R, LINES 1 THROUGH 9, AND COLUMNS L, M, AND N, LINE 10 (GRAY SHADED AREAS) ARE OPTIONAL ENTRIES IN COLUMN N, LINES 1-9; COLUMN Q, LINE 10 AND THE MAXIMUM AND MINIMUM NUMBER OF EMPLOYEES (AREAS SHADED LIGHT GRAY) ARE OPTIONAL FOR 2000 ONLY AND WILL BE REQUIRED FOR THE 2001 REPORTING CYCLE. DETAILED INSTRUCTIONS ARE FOUND ON THE REVERSE OF THIS FORM.

| 100 | | NUN | MBER OF EMPLOY | 'EES | NEW HIRES (PREVIOUS 12 MONTHS) | | | | | | |
|-----------------------------|----|-------------------------------------|--------------------------------|--------------------|-------------------------------------|-----------------------------|----------------|--|--|--|--|
| JOB CATEGORIES | 3 | SPECIAL DISABLED VETERANS (L) | VIETNAM ERA VETERANS (M) | OTHER VETERANS (N) | SPECIAL DISABLED VETERANS (0) | VIETNAM ERA VETERANS (P) | OTHER VETERANS | TOTAL NEW HIRES, BOTH VETERANS AND NON-VETERANS (R) | | | |
| OFFICIALS AND MANAGERS | 1 | | | | | | | | | | |
| PROFESSIONALS | 2 | | | | | | | | | | |
| TECHNICIANS | 3 | | | | | | | | | | |
| SALES WORKERS | 4 | | | | | | | | | | |
| OFFICE AND CLERICAL | 5 | | | | | | | | | | |
| CRAFT WORKERS (SKILLED) | 6 | | | | | | | | | | |
| OPERATIVE (SEMI-SXILLED) | 7 | | | | | | | | | | |
| LABORERS (UNSKILLED) | 8 | | | | | | | | | | |
| SERVICE WORKERS | 9 | | | | | | | | | | |
| TOTAL | 10 | | | | | | | | | | |

Report the total maximum and minimum number of regular employees on board during the period covered by this report.



FEDERAL CONTRACTOR VETERANS' EMPLOYMENT REPORT (VETS-100)

WHO MUST FILE

The Vets-100 report is to be completed by all nonexempt federal contractors and subcontractors with contracts or subcontracts for the furnishing of supplies and services or the use of real or personal property for \$25,000 or more. Services include but are not limited to the following services: Utility, construction, transportation, research, insurance, and fund depository, irrespective of whether the government is the purchaser or seller. The existence of \$25,000 or more in federal contracts or subcontracts during a given calendar year establishes the requirement to file a VETS-100 Report during the following calendar year.

WHEN TO FILE

This annual report must be filed no later than September 30. Mail to the address preprinted on the front of the form.

LEGAL BASIS FOR REPORTING REQUIREMENTS

Title 38, United States Code, Section 4212(d) and PL 105-339, require that federal contractors report at least annually the numbers of: 1) special disabled veterans, 2) veterans of the Vietnam era, and 3) other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized who are in their workforce. Reporting is required by hiring location and includes both the number employed and the number of new hires, within the three categories listed above. The number of veterans employed within these categories is to be broken out by job category and maximum and minimum total employment is to be reported as well.

HOW TO SUBMIT THE VETS-100 REPORTS

Single-establishment employers must file one completed form. All multi-establishment employers, i.e., those doing business at more than one hiring location, must file (A) one form covering the principal or headquarters office: (B) a separate form for each hiring location employing 50 or more persons: and (C) EITHER, (I) a separate form for each hiring location employing fewer than 50 persons, OR (ii) consolidated reports that cover hiring locations within one State that have fewer than 50 employees. Each state consolidated report must also list the name and address of the hiring locations covered by the report. Company consolidated reports such as those required by EEO-1 reporting procedures are NOT required for the VETS-100 report. Completed reports for the headquarters location and all other hiring locations for each company should be mailed in one package to the address indicated on the front of the form.

RECORD KEEPING

Employers must keep copies of the completed annual VETS-100 report submitted to DOL for a period of two years.

HOW TO PREPARE THE FORMS

As VETS only sends one copy of the VETS-100 Reporting form to each headquarters location, multi-establishment employers submitting hard copy reports should produce facsimile copies of the headquarters form for reporting data on each location.

<u>Type of Contractor</u> Indicate the type of contractual relationship (prime contractor or subcontractor) that the organization has with the Federal Government. If the organization serves as both a prime contractor and a subcontractor on various federal contracts, check both boxes.

Type of Form If a reporting organization submits only one VETS-100 Report form for a single location, check the Single Establishment box. If the reporting organization submits more than one form, only one form should be checked as Multiple Establishment-Headquarters. The remaining forms should be checked as either Multiple Establishment-Hiring Location or Multiple Establishment-State Consolidated. For state consolidated forms, the number of hiring locations included in that report should be entered in the space provided. For each form, only one box should be checked within this block.

COMPANY IDENTIFICATION INFORMATION

<u>Company Number</u> Do not change the Company Number that is printed on the form. If there are any questions regarding your Company Number, please call the VETS-100 staff at (703) 461-2460 or e-mail HELPDESK@VETS100.COM.

<u>Twelve Month Period Ending</u> Enter the end date for the twelve month reporting period used as the basis for filing the VETS-100 Report. To determine this period, select a date in the current year between July 1 and August 31 that represents the end of a payroll period. That payroll period will be the basis for reporting Number of Employees, as described below. Then the twelve month period preceding the end date of that payroll period will be your twelve month period covered. This period is the basis for reporting New Hires, as described below. Any federal contractor or subcontractor who has written approval from the Equal Employment Opportunity Commission to use December 31 as the ending date for the EEO-1 Report may also use that date as the ending date for the payroll period selected for the VETS-100 Report.

Name and Address for Single Establishment Employers COMPLETE the identifying information under the Parent Company name and address section.

LEAVE BLANK all of the identifying information for the Hiring Location.

Name and Address for Multi Establishment Employers For parent company headquarters location, COMPLETE the name and address for the parent company headquarters, LEAVE BLANK the name and address of the Hiring Location. For hiring locations of a parent company, COMPLETE the name and address for the Parent Company location, COMPLETE the name and address for the Hiring Location.

SIC Code, DUNS Number, and Employer ID Number Single Establishment and Multi-Establishment Employers should COMPLETE the SIC Code, DUNS Number, and Employer ID Number as described below.

<u>SIC Code</u> Enter the four (4) digit SIC Code applicable to the hiring location for which the report is filed. If there is not a separate SIC Code for the hiring location, enter the SIC Code for the parent company.

<u>Oun and Bradstreet I.D. Number (DUNS)</u> If the company or any of its establishments has a Dun and Bradstreet Identification Number, please enter the nine (9) digit number in the space provided. If there is a specific DUNS Number applicable to the hiring location for which the report is filed, enter that DUNS Number. Otherwise, enter the DUNS number for the parent company.

Employer I.D. Number (EIN) Enter the nine (9) digit numbers assigned by the I.R.S. to the contractor. If there is a specific EIN applicable to the hiring location for which the report is filed, enter that EIN. Otherwise, enter the EIN for the parent company.

INFORMATION ON VETERANS

Number of Emoloyaes Select any payroll period ending between July 1 and August 31 of the current year. Provide all data for regular full-time and part-time employees who were special disabled veterans, Vietnam-era veterans, or other veterans employed as of the ending date of the selected payroll period. Do not include employees specifically excluded as indicated in 41 CFR 61-250.2(b)(2). Employees must be counted by veteran status for each of the nine occupational categories (Lines 1-9) in columns L and M. Blank spaces will be considered zeros.

New Hires Report the number of regular full-time and part-time employees by veteran status who were hired (both veterans and non-veterans) and who were included in the payroll for the first time during the 12-month period ending between July 1 through August 31 of the current year. The totals in columns O, P and R (Line 10) are required. Enter all applicable numbers, including zeros.

<u>Maximum/Minimum Employees</u> Report the maximum and minimum number of regular employees on board during the period covered as indicated by Pt. 105-339.

DEFINITIONS:

'Hiring location' means an establishment as defined at 41 CFR 61 250.2(b)

'Special Disabled Veteran' means (A) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (I) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of Title 38, U.S.C. to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.

"Veteran of the Vietnam-era" means a person who: (A) served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.

Other Veterans means veterans who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix A. A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for your area code for the nearest OPM location. For those with Internet access, the information required to make this determination also is available at http://www.opm.gov/veterans/html/vgmedal2.htm.

Public reporting burden for this collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data source, galhering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Department of Labor, Office of Information Management, Room N-1301, 200 Constitution Avenue, NW, Washington D.C. 20210. All completed VETS-100 Reports should be sent to the address indicated on the front of the form.

SUBCONTRACTING REPORT FOR INDIVIDUAL CONTRACTS (See instructions on reverse)

OMB No.: 9000-0006 Expires: 04/30/2001

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.

| • C | 1. CORPORATION, COMPANY OR SUBDIVISION COVERED COMPANY NAME | | | | | 3. DATE SUBMITTED | | | | | |
|------------------------|---|---|---|----------------------------------|---------------------------------------|-------------------|-------------|--------|-------------|--|--|
| | TREET ADDRESS | | | | | | | | | | |
| | THEET AUDRESS | | | | 4. REPORTING | PERIOD FR | OM INCEPTIO | N OF C | ONTRACT TH | | |
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| т. | ARMY NAVY | GSA | | | NASA | | | | | | |
| _ | AIR FORCE | DOE DEFENSE LOGISTICS | OTHER FEDERAL AGENCY (Specify) | | | | | | | | |
| | 7. REPORT SUBMITTED AS JONA | k one and pravide appropriate numb | - | | | | | _ | | | |
| ٦, | | PRIME CONTRACT NUMBER | 8. AGENCY OR CONTRACTOR AWARDING CONTRACT 1. AGENCY'S OR CONTRACTOR'S NAME | | | | | | | | |
| ٠ ' | PRIME CONTRACTOR | | | S. MACHOL 2 ON CONTRACTOR 2 NAME | | | | | | | |
| s | SUBCONTRACTOR | SUBCONTRACT NUMBER | | b. STREET ADDRESS | | | | | | | |
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| | SMALL BUSINESS CONCERNS HBCU/MI, HUBZone SB, VOSB VOSB) (Dollar Amount and Perc | | COAG | PERCENT | WHO | LE DOLLA | RS | PERCEN | | | |
| 0b. | LARGE BUSINESS CONCERNS Percent of 10c.1 | | | | | | | | | | |
| Ͻ¢. | TOTAL (Sum of 10a and 10b.) | | | | 100.0- | | | | | | |
| 1. | SMALL DISADVANTAGED (SDB) CONCERNS (Include HBCU/MI) (Dollar Amount and Percent of 10c.) | | | | 100.0% | | | | 100.09 | | |
| 2. | WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS (Dollar Amount and Parcent of 10c.) | | | | | | ····· | + | | | |
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| J., | HUBZONE SMALL BUSINESS (H (Dollar Amount and Percent of 1) | UBZone SB) CONCERNS | | | | | ··· | _ | | | |
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GENERAL INSTRUCTIONS

- 1. This report is not required from small businesses.
- 2. This report is not required for commercial items for which a commercial plan has been approved, nor from large businesses in the Department of Defense (DOD) Test. Program for Negotiation of Comprehensive Subcontracting Plans. The Summary Subcontract Report (SF 295) is required for contractors operating under one of these two conditions and should be submitted to the Government in accordance with the instructions on that form.
- 3. This form collects subcontract award data from prime contractors/subcontractors that: (a) hold one or more contracts over \$500,000 (over \$1,000,000 for construction of a public facility); and (b) are required to report subcontracts awarded to Smail Business (SDB), Smail Disadvantaged Business (SDB), Women-Owned Smail Business (WOSB). HUBZone Smail Business (HUBZone SB), Veteran-Owned Smail Business (VOSB) and Service-Disabled Veteran-Owned Smail Business concerns under a subcontracting plan. For the Department of Defense (DOD), the National Aeronautics and Space Administration (NASA), and the Coast Guard, this form also collects subcontract award data for Historically Black Colleges and Universities (HBCUs) and Minonty Institutions (Mis).
- 4. This report is required for each contract containing a subcontracting plan and must be submitted to the administrative contracting officer (ACO) or contracting officer if no ACO is assigned, semi-annually during contract performance for the periods ended March 31st and September 30th. A separate report is required for each contract at contract completion. Reports are due 30 days after the close of each reporting period unless otherwise directed by the contracting officer. Reports are required when due, regardless of whether there has been any subcontracting activity since the inception of the contract or since the previous report.
- Only subcontracts involving performance within the U.S., its possessions, Puerto Rico, and the Trust Territory of the Pacific Islands should be included in this report.
- Purchases from a corporation, company, or subdivision that is an affiliate of the prime/subcontractor are not included in this report.
- 7 Subcontract award data reported on this form by prime contractors/subcontractors shall be limited to awards made to their immediate subcontractors. Credit cannot be taken for awards made to lower tier subcontractors.

SPECIFIC INSTRUCTIONS

- BLOCK 2: For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bradstreat Information Services at 1-800-333-0505 to get one free of charge over the telephone. Be prepared to provide the following information: (1) Company name; (2) Company address; (3) Company telephone number; (4) Line of business; (5) Chief executive officer/key manager; (6) Date the company was started; (7) Number of people employed by the company; and; (8) Company affiliation.
- BLOCK 4: Check only one. Note that all subcontract award data reported on this form represents activity since the inception of the contract through the date indicated in this block.
- BLOCK 5: Check whether this report is a "Reguler," "Final," and/or "Revised" report. A "Final" report should be checked only if the contractor has completed the contract or subcontract reported in Block 7. A "Revised" report is a change to a report previously submitted for the same period.
- BLOCK 6: Identify the department or agency administering the majority of subcontracting plans.
- BLOCK 7: Indicate whether the reporting contractor is submitting this report as a prime contractor or subcontractor and the prime contract or subcontract number.
- BLOCK 8: Enter the name and address of the Federal department or agency ewarding the contract or the prime contractor awarding the subcontract.
- BLOCK 9: Check the appropriate block to indicate whether indirect costs are included in the dollar amounts in blocks 10a through 14. To ensure comparability between the goal and actual columns, the contractor may include indirect costs in the actual column only if the subcontracting plan included indirect costs in the goal.

- BLOCKS 10s through 15: Under "Current Goal," enter the dollar and parcent goals in each category (S8, SD8, WOSS, VOSS, and HUBZone S8) from the subcontracting plan approved for this contract. (If the original goals agreed upon at contract award have been revised as a result of contract modifications, enter the original goals in Block 16. The amounts entered in Blocks 10s through 15 should reflect the revised goals.) Under "Actual Currulative," enter actual subcontract achievements (dollar and percent) from the inception of the contract through the date of the report shown in Block 4. In cases where indirect costs are included, the amounts should include both direct awards and an appropriate prorated portion of indirect awards.
- BLOCK 10a: Report all subcontracts awarded to SBs including subcontracts to SDBs, WOSBs, VOSBs and HUBZone SBs. For DOD, NASA, and Coast Guard contracts, include subcontracting awards to HBCUs and MIs.
- BLOCK 10b: Report all subcontracts awarded to large businesses (LBs).
- BLOCK 10c: Report on this line the total of all subcontracts awarded under this contract (the sum of lines 10a and 10b).
- BLOCKS 11 through 15: Each of these items is a subcategory of Block 10a. Note that in some cases the same dollars may be reported in more than one block (e. g., SDBs owned by women or veterans).
- BLOCK 11: Report all subcontracts awarded to SDBs (including women-owned, veteran-owned, and HUBZone SB SDBs). For DOD, NASA, and Coest Guard contracts, include subcontract awards to HBCUs and MIs.
- BLOCK 12: Report all subcontracts awarded to Women-Owned firms (including SDBs, VOSB's, and HUBZone SBs owned by women).
- BLOCK 13 (For contracts with DoD, NASA, and Coast Guard): Report all subcontracts with HBCUs/MIs. Complete the column under "Current Goal" only when the subcontracting plan establishes a goal.
- **8LOCK 14:** Report all subcontracts awarded to HUBZone SBs (including women-owned, veteran-owned, and SDB HUBZone SBs).
- BLOCK 15: Report all subcontracts awarded to VOSBs including Service-Disabled VOSBs (include VOSBs that are also SDBs, WOSBs and HUBZone SBs.),
- BLOCK 16: Enter a short narrative explanation if (a) SB, SDB, WOSB, VOSBs, or HUBZone SB accomplishments fall below that which would be expected using a straight-line projection of goals through the period of contract performance; or (b) if this is a final report, any one of the three goals was not met.

DEFINITIONS

- Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contract(s).
- 2. Indirect costs are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; these awards are related to Government contract performance but remain for allocation after direct awards have been determined and identified to specific Government contracts.

DISTRIBUTION OF THIS REPORT

For the Awarding Agency or Contractor:

The original copy of this report should be provided to the contracting officer at the agency or contractor identified in Block 3. For contracts with DOD, a copy should also be provided to the Defense Logistics Agency (DLA) at the cognizant Defense Contract Management Area Operations (DCMAO) office.

For the Small Business Administration (SBA):

A copy of this report must be provided to the cognizant Commerical Market Representative (CMR) at the time of a compliance review. It is NOT necessery to mail the SF 294 to SBA unless specifically requested by the CMR.

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| SUMMARY SUBCONTRACT REPORT (See instructions on reverse) | | | | | | OMB No.: 9000-0007 Expires: 09/30/2003 | | |
| Public reporting burden for this collection of i searching existing data sources, gathering comments regarding this burden estimate FAR Secretariat (MVR), Federal Acquisition P | nformation is estimated to av | verage 1 | ing complete | | ding th | e time for | revie | wing instruction |
| 1. CORPORATION, COMPA | NY OR SUBDIVISION COVERED | | | 3. DATE SUBMIT | TED | | | |
| COMPANY NAME | | | |] | | | | |
| STREET ADDRESS | | | | | 4. RE | PORTING PE | NOO: | |
| c CITY | | | | OCT 1 | | APR 1 - | YEAR | |
| e car | d. STATE o. ZIP | CODE | | MAR 31 | | EPT 30 | | |
| 2 CONTRACTOR IDENTIFICATION NUMBER | | | | | 5. T | YPE OF REP | ORT | |
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| вотн | COMMERCIAL PRODUCTS | TRIBUTABLE TO | NTAGE OF THE DOLLARS ON THIS REP INTABLE TO THIS AGENCY. | | | | | |
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| | UMULATIVE FISCAL YEAF eport cumulative figures fo | | | | | | | |
| | TYPE | | | | WH | OLE DOLL | RS | PERCENT To nearest tenth of a %) |
| Oa. SMALL BUSINESS CONCERNS (Inc. Service-Disabled VOSB) (Dollar Am | lude SDB, WOSB, HBCU/N ount and Percent of 10c.) | VI. HUB | Zone SB, V | OSB and | | | | 0.00 |
| 06. LARGE BUSINESS CONCERNS (Dol | lar Amount and Percent of | 10c.) | | | | | | |
| Oc. TOTAL (Sum of 10a and 10b.) | | | | | | | | 100.0% |
| 1 SMALL DISADVANTAGED (SDB) C (Dollar Amount and Percent of 10c. | ONCERNS (Include HBCU/I | (MI) | | | | | | 100.0% |
| 2. WOMEN-OWNED SMALL BUSINESS (Dollar Amount and Percent of 10c. | S (WOSB) CONCERNS | | | | | | | |
| 3. HISTORICALLY BLACK COLLEGES INSTITUTIONS (MI) (If applicable) (L | AND UNIVERSITIES (HBCL | U) AND | MINORITY | | | - | | |
| 4 HUBZONE SMALL BUSINESS (HUBZ (Dollar Amount and Percent of 10c.) | Zone SB) CONCERNS | | | | | | | |
| Sa. VETERAN-OWNED SMALL BUSINES (Dollar Amount and Percent of 10c.) | SS (VOSB) CONCERNS | | | | | | | |
| 5b. SERVICE-DISABLED VETERAN-OWN (Dollar Amount and Percent of 10c.) | NED SMALL BUSINESS CO | NCERN | ıs | | | | | |
| REMARKS | | | | J | | | | <u></u> |
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| 17. CONT | RACTOR'S OFFICIAL WHO ADMI | INIS TERS | SUBCONTRAC | TING PROGRAM | | | | |
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| TITLE | | | | | | | | |
| | | | d. DATE | | | | | |

GENERAL INSTRUCTIONS

- This report is not required from small businesses.
- 2. This form collects subcontract award data from prime contractors/aubcontractors that: (a) hold one or more contracts over \$500,000 (over \$1,000,000 for construction of a public facility); and (b) are required to report subcontracts ewarded to Small Business (SD). Small Disadvantaged Business (SD8), Women-Owned Small Business (WOS8), Veterar-Owned Small Business (HUBZone S8) concerns under a subcontracting plan. For the Department of Defense (DOD), the National Aeronautics and Space Administration (NASA), and the Coast Quard, this form also collects subcontract award data for Mistonal Asp (Back Colleges and Universities (MBCUs) and Minority Institutions (MIS).
- 3 This report must be submitted semi-ennually (for the six months ended March 31st and the twelve months ended September 30th) for contracts with the Department of Delense (DOD) and annually (for the twelve months ended September 30th) for contracts with civilian agencies, except for contracts covered by an approved Commercial Plan (see special instructions in right-hand column). Reports are due 30 days after the close of each reporting period.
- This report may be submitted on a corporate, company, or subdivision (e.g., plant or division operating on a separate profit center) basis, unless otherwise directed by the egency awarding the contract.
- 5. If a prime contractor/subcontractor is performing work for more than one federal agency, a seperate report shall be submitted to each agency covering only that agency's contracts, provided at least one of that agency's contracts is over 1500,000 lover 31,000,000 for construction of a public facility) and contains a subcontracting plan. (Note that DOD is considered to be a single agency; see and instruction.) subcontracting plan, next instruction.]
- For DOD, a consolidated report should be submitted for all centracts awarded by military departments/agencies and/or subcontracts awarded by DOD prime contractors. However, DOD contractors involved in construction and related maintenance and repair must submit a separate report for each DOD component.
- 7 Only subcontracts involving performance within the U.S., its possessions, Puerlo Rico, and the Trust Territory of the Pacific Islands should be included in the contract of the Pacific Islands should be included in the contract of the Pacific Islands. this report.
- Purchases from a corporation, company, or subdivision that is an affiliate of the prime/subcontractor are <u>not</u> included in this report.
- 9 Subcontract award data reported on this form by prime contractors/subcontractors shall be limited to awards made to their immediate subcontractors. Credit cannot be taken for awards made to lower tier subcontractors.
- 10. See special instructions in right-hand column for Commercial Plans.

SPECIFIC INSTRUCTIONS

- BLOCK 2: For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bradstreet Information Services at 1-800-333-0505 to get one free of charge over the telephone. Be prepared to provide the following information: (1) Company name; (2) Company address; (3) Company telephone number; (4) Line of Business; (5) Chie szecutive officer/key manager; (6) Date the company was started; (7) Number of people employed by the company; and (8) Company affiliation.
- BLOCK 4: Check only one. Note that March 31 represents the six months from October 1st and that September 30th represents the twelve months from October 1st. Enter the year of the reporting period.
- 8LOCK 5: Check whether this report is a "Regular," "Final," and/or "Revised" report. A "Final" report should be checked only if the contracter has completed at the contracts containing subcontracting plans awarded by the agency to which it is reporting. A "Revised" report is a change to a report previously submitted for the same period.
- BLOCK 8: Identify the department or agency administrang the majority of subcontracting plans.
- 8LOCK 7: This report encompasses all contracts with the Federal Government for the agency to which it is submitted, including subcontracts received from other large businesses that have contracts with the same agency. Indicate in this block whether the contractor is a prime contractor, subcontractor, or both (check only
- 8LOCK 8: Check only one. Check "Commercial Plan" only if this report is under an approved Commercial Plan. For a Commercial Plan, the contractor must specify the percentage of dollers in Blocks 10a through 15b attributable to the agency to which this report is being submitted.
- BLOCK 9: Identify the major product or service lines of the reporting organization.
- 8LOCKS 10e through 16b: These entries should include all subcontract awards resulting from contracts or subcontracts, regardless of dollar amount, received from the agency to which this report is submitted. If reporting as a subcontractor, report all subcontracts awarded under prime contracts. Amounts

- should include both direct awards and an appropriate prorated portion of indirect awards. (The indirect portion is based on the percentage of work being performed for the organization to which thereport is being submitted in relation to other work being performed by the prime contractor/subcentractor.) Do not include awards made in support of commencial business unless. "Commencial is chacked in Block 8 [see Special Instructions for Commencial Plans in right hand column! Report only these dollars subcontracted this fiscal year for the period indicated in Block 4.
- BLOCK 10a: Report all subcontracts awarded to SBs including subcontracts to SDBs, WOSBs, VOSBs, and HUBZone SBs. For DDD, NASA, and Coast Guard contracts, include subcontracting awards to HBCUs and Mis.
- BLOCK 10b: Report all subcontracts awarded to large businesses (LBs)
- BLOCK 10c; Report on this line the grand total of all subcontracts line sum of
- BLOCKS 11 through 15b: Each of these items is a subcategory of Block 10a Note that in some cases the same dollars may be reported in more than one block i.e.g., SDBs owned by wemen!: likewise subcontracts to HBCUs or Mis should be reported on both Block 11 and 13.
- BLOCK 11: Report all subcontracts awarded to SOBs (including women-owned, veteran-owned, and HUBZone SB SOBs). For DOD, NASA, and Coast Guard contracts, include subcontract awards to MBCUs and Mis
- BLOCK 12: Report all subcontracts awarded to WOSB firms (including SDBs, VOSBs, and HU6Zone SBs owned by women).
- BLOCK 13: (For contracts with DOD, NASA, and Coast Guard): Enter the dollar value of all subcontracts with HBCUs/Mis.
- BLOCK 14: Report all subcontracts awarded to HUBZone S8s including women-owned, veteran-owned, and SD8 HUBZone S8si.
- se: Report all subcontracts awarded to VOSBs (including whed, SDB, and HUBZone SB VOSBs). BLOCK 15a:
- 8LOCK 15b: Report all subcontracts awarded to service disabled VOSBs (these subcontracts should also be reported in Block 15a).

SPECIAL INSTRUCTIONS FOR COMMERCIAL PLANS

- This report is due on October 30th each year for the previous fiscal year ended September 30th.
- The annual report submitted by reporting organizations that have an approved company-wide annual subcontracting plan for commercial itams shall include as subcontracting activity under commercial plans in affect during the year and shall be submitted in addition to the required reports for other-than-commercial items, if
- 3. Enter in Blocks 10e through 15b the total of all subcontract awards under the contractor's Commercial Ran. Show in Block 8 the percentage of this total that is attributable to the agency to which this report is being submitted. This report must be submitted to each agency from which contracts for commercial items covered by an approved Commercial Plan were received.

- Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contract(s).
- Indirect Subcontract Awards are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts, these awards are related to Government contract performance but remain for silocation after direct awards have been determined and identified to specific Government contracts.

SUBMITTAL ADDRESSES FOR ORIGINAL REPORT

For DOD Contractors, send reports to the cognizant contract administration office as stated in the contract.

For Civilian Agency Contractors, send reports to awarding agency.

- NASA: Forward reports to NASA, Office of Procurement (HS). Weshington, DC 20546
- OTHER FEDERAL DEPARTMENTS OR AGENCIES: Forward report to the OSOBU Director unless otherwise provided for in instructions by the Department or Agency.

FOR ALL CONTRACTORS:

SMALL BUSINESS ADMINISTRATION (SBA): Send "into copy" to the cognizant Commercial Market Representative (CMR) at the address provided by SBA. Call SBA. Headquarters in Washington, DC at (202) 205-6475 for correct address it